

1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime / Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
Person Filing is: ☐ Self or Attorney for ☐ Plaintiff ☐ Respondent  
(If Attorney) Bar No.: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(2) \_\_\_\_\_  
Petitioner (in original case)

(3) Case No. \_\_\_\_\_

(4) ATLAS No. \_\_\_\_\_

(2) \_\_\_\_\_  
Respondent (in original case)

### AGREEMENT TO MODIFY CHILD SUPPORT

This is an agreement between the person who owes child support and the person to whom child support is owed to modify (change) the amount to be paid for current child support.

We, (5a) \_\_\_\_\_, the person ordered to make payments,

and (5b) \_\_\_\_\_, the person receiving payments, ask the Court to modify the Child Support Order as indicated below.

#### (6) INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER (the Order we want to change)

The Order was Issued on: \_\_\_\_\_ (Month/Day/Year)

The Order was Issued by: \_\_\_\_\_ (Name of Court)

Located in this County: \_\_\_\_\_ (Name of County)

Amount of Current Child Support Ordered: \$ \_\_\_\_\_ PER \_\_\_\_\_

#### (7) The current *Order of Assignment* includes the following Court Ordered payments:

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_

Spousal Maintenance/Support \$ \_\_\_\_\_ per \_\_\_\_\_

Other: \$ \_\_\_\_\_ per \_\_\_\_\_

Payments on Arrears: \$ \_\_\_\_\_ per \_\_\_\_\_

(8) We agree that current **child support** should be changed from the current amount of \$ \_\_\_\_\_ (as listed in (6) above), to the **new** amount of \$ \_\_\_\_\_ per month.

(9) We agree this change should take effect the first day of \_\_\_\_\_, 20\_\_\_\_.

**Note:** A completed Parent's Worksheet for Child Support is *required* before the Court can modify child support. You may submit the Worksheet produced by the FREE Online Child Support Calculator at <http://ecourt.maricopa.gov>, which does the math for you, or you may purchase a packet containing the Worksheet and the 29 pages of Arizona Child Support Guidelines necessary to complete the Worksheet at any Self-Service Center location.

**I have completed a Parent's Worksheet for Child Support and it is attached or otherwise filed with this Agreement (Required).**

**(9)** (Check the box (a or b, but not both) that applies to you.)

(a) ☐ The amount of child support we have agreed to **is** the amount stated on the attached Parent's Worksheet, calculated according to the Arizona Child Support Guidelines, **OR**

(b) ☐ The amount of child support we have agreed to **is not** the amount stated on the attached Parent's Worksheet, calculated according to the Arizona Child Support Guidelines, as but we are entitled to **deviate** (use a different amount) from the Guideline amount **because:**

- **Application of the Guidelines would be inappropriate or unjust in this case, AND**
- **Deviation from the Guidelines would be in the best interests of the children involved, based on all *relevant* factors, including those specified in A.R.S. § 25-320(D):**
  1. The financial resources and needs of the child.
  2. The financial resources and needs of the custodial parent.
  3. The standard of living the child would have enjoyed had the marriage not been dissolved.
  4. The physical and emotional condition of the child, and the child's educational needs.
  5. The financial resources and needs of the non-custodial parent.
  6. Excessive or abnormal expenditures, destruction, concealment or fraudulent disposition of community, joint tenancy and other property held in common.
  7. The duration of parenting time and related expenses.

Based on all relevant factors including any of those listed above that apply to our situation, application of the Guideline amount would be inappropriate or unjust and deviation from the Guideline amount would be in the best interests of the children, **because:** (Explain)

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**(10)** We also request that a new order of Assignment be issued to include the new child support amount and any additional payments listed in (7), on page one of this Agreement.

**AGREEMENT REGARDING SUPPORT EXPENSES and TAX DEDUCTIONS:**

(11)

☐ **Mother** is responsible for providing: ☐ **medical** ☐ **dental** ☐ **vision care insurance**.  
☐ **Father** is responsible for providing: ☐ **medical** ☐ **dental** ☐ **vision care insurance**.

**Non-Covered Expenses.** All reasonable non-covered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor children, including co-payments, shall be shared as follows: **Mother** \_\_\_\_\_ %, AND **Father** \_\_\_\_\_ %

(12) The costs of travel related to parenting time over 100 miles one way shall be shared as follows:

**Mother** \_\_\_\_\_ % **Father** \_\_\_\_\_ %

(13) Federal tax exemption(s) for the dependent children should be allocated as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if he or she has paid all child support and arrears ordered for the year by December 31 of that year.

**OTHER ORDERS:**

THIS AGREEMENT IS TO MODIFY CHILD SUPPORT ALONE. ALL OTHER PRIOR ORDERS OF THIS COURT ARE TO REMAIN IN FULL FORCE AND EFFECT.

Case No. \_\_\_\_\_

## AGREEMENT TO MODIFY (CHANGE) CHILD SUPPORT

### OATH OR AFFIRMATION OF THE PARTIES

(11) By signing this Agreement, I/We:

- Ask the Court to order the amount of current child support ordered paid to be changed from \$\_\_\_\_\_, to the new amount of \$\_\_\_\_\_, per month.
- Waive the right to trial on this matter.
- Acknowledge reading and understanding the terms of this agreement.
- Enter this agreement voluntarily and not due to any threat of force or harm, duress, undue influence or coercion from anyone, including the other party.
- Swear or Affirm the information provided is true and correct, under penalty of perjury.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

Signed or Affirmed before me this date: \_\_\_\_\_

\_\_\_\_\_  
My Commission expires (or Seal, below)

\_\_\_\_\_  
Deputy Clerk or Notary Public

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

Signed or Affirmed before me this date: \_\_\_\_\_

\_\_\_\_\_  
My Commission expires (or Seal, below)

\_\_\_\_\_  
Deputy Clerk or Notary Public

**NOTE:** If the State of Arizona (DES) is a party to your case, a representative of DES or its Division of Child Support Enforcement (DCSE) ***must also sign this form before you file.*** (See Instructions)

\_\_\_\_\_  
Signature of DES / DCSE Representative

\_\_\_\_\_  
Date